

AOC-292 Doc. Code: AWCA
Rev. 6-19
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Commonwealth of Kentucky
Court of Justice *www.courts.ky.gov*
KRS 625.041(3); 199.011(17); and
199.500



**APPEARANCE WAIVER AND
CONSENT TO ADOPTION**

Case No. _____
Court District Family
County _____
Division _____

IN THE INTEREST OF:

_____, a child
Respondent

Address

WAIVER OF APPEARANCE

I, _____, hereby state that I am the natural parent of the above-named child and I hereby voluntarily, and with full knowledge and agreement, waive my right to appear in the above-styled proceeding to terminate my parental rights.

Parent's Signature

Parent's Name *(please print)*

Counsel for Parent

Guardian ad litem for Minor Parent

Cabinet Designee

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____

My Commission Expires: _____

Notary/Clerk

By: _____, D.C.

Please mail a copy of the FINAL JUDGMENT to:

CONSENT TO ADOPTION

I, _____, hereby state that I am the natural mother father of
(parent's name)
_____, the child to be adopted, who was born to me in wedlock
(child's name)
 out-of-wedlock on _____ in _____
(child's date of birth) (city, state, country of child's birth)

I also state, and acknowledge by **my initials**, that:

- _____ I do not desire to know the identification of the proposed adoptive parent(s) of my child; or
- _____ The proposed adoptive parent of my child is: _____.
- _____ I understand that if the adoption is not adjudged, that the disposition of my child will be made pursuant to KRS 199.550.
- _____ The total amount of my legal fees related to the execution of this consent are \$ _____ to be paid by _____.
- _____ That I have reviewed this consent and the legal effect of this consent has been fully explained to me.
- _____ That I have not been coerced in any way to execute this consent, nor have I been given or promised anything of value, except those expenses allowable under KRS 199.590(6), to execute this consent.
- _____ That it is my intention to consent to the adoption of my child.

I understand that this consent to the adoption of my child will become **final and irrevocable seventy-two (72) hours** after the execution of this consent and that this **consent may be withdrawn only by written notification** sent to the proposed adoptive parent or the attorney for the proposed adoptive parent on or before the expiration of the seventy-two (72) hours by certified or registered mail and also by first class mail.

I hereby acknowledge, by my signature, executed this _____ day of _____, 2_____ in _____, _____ County, Kentucky at _____ a.m. p.m. that I have voluntarily and knowingly given my informed consent to the adoption of my child.

Consenting Parent's Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____	
My Commission Expires: _____	_____ Notary/Clerk
	By: _____, D.C.

Preparer's Name & Address
_____ _____ _____

Reviewer's Name & Address
_____ _____ _____

I received a completed and signed copy of this consent on the same day I signed it.

Consenting Parent's Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____	
My Commission Expires: _____	_____ Notary/Clerk
	By: _____, D.C.